

Case Number:	CM14-0192460		
Date Assigned:	11/26/2014	Date of Injury:	12/18/2000
Decision Date:	01/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 61 yo male who sustained an industrial injury on 12/18/2000. The mechanism of injury was not provided for review. His diagnoses include low back pain- status post laminectomy and discectomy, post laminectomy syndrome, and L5-S1 radiculopathy. He continues to complain of low back and lower extremity pain. On physical exam there are no reported motor or sensory deficits. Treatment in addition to surgery has consisted of medical therapy with opiates, topical analgesics and muscle relaxants, and epidural steroid injections. The treating provider has requested a six month gym membership with physical therapy supervision, a Podiatry consultation, and Replacement Richie brace and shoes for right foot.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Six month gym membership with physical therapy supervision: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership

Decision rationale: Per the Official Disability Guidelines, a gym membership is not recommended unless a home exercise program has not been effective and there is a need for

specific equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as a gym membership is not recommended. There is no documentation provided which includes a specific exercise program which requires a gym membership for the treatment of the claimant's chronic pain condition. Medical necessity for the requested service has not been established. The six month gym membership with physical therapy supervision is not medically necessary.

Podiatry consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per Occupational Medicine Practice Guidelines, a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when the plan or course of care may benefit from additional expertise. In this case the claimant is noted to have right ankle pain. There is no documentation demonstrating specific motor weakness of the ankle or instability. As there is no specific ankle or foot dysfunction, medical necessity for the requested service has not been established. The Podiatry consult is not medically necessary.

Replacement Richie brace and shoes for right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter

Decision rationale: The Richie Brace is a custom ankle foot orthosis designed to treat chronic conditions of the foot and ankle. With a contoured, balanced orthotic footplate articulated to adjustable semi-rigid lower leg uprights, the Richie Brace is ideally suited to stabilize rotational forces at the midtarsal, subtarsal and talo-crural joints. Modifications and enhancements are available to add further restriction of motion in the sagittal, frontal and transverse plane. Per the documentation there is no instability of the ankle or foot. Ankle foot orthosis (AFO) is a recommended option for foot drop. It is also used during surgical or neurologic recovery. Per the documentation there is no indication of instability or motor weakness on exam. Medical necessity for the requested item has not been established. The Replacement Richie brace and shoes for right foot is not medically necessary.